

SERIAL NUMBER 09/329,217	FILING DATE 06/10/99	CLASS 382	GROUP ART UNIT 2721	ATTORNEY DOCKET NO.
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APPLICANT

FRANCINE J. PROKOSKI, FAIRFAX STATION, VA.

****CONTINUING DOMESTIC DATA*******
VERIFIED

mcu N/A Prev. Appl. 60/087,512 6/10/98

****371 (NAT'L STAGE) DATA*******
VERIFIED

mcu

N/A

****FOREIGN APPLICATIONS*******
VERIFIED

mcu

N/A

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 06/29/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY VA	SHEETS DRAWING 0	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 12
Verified and Acknowledged <u>mcu</u> Examiner's Initials Initials						

ADDRESS	DR FRANCINE PROKOSKI POB 7025 FAIRFAX STATION VA 22039
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TITLE	METHOD AND APPARATUS FOR ALIGNMENT, COMPARISON & IDENTIFICATION OF CHARACTERISTIC TOOL MARKS, INCLUDING BALLISTIC SIGNATURES
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FILING FEE RECEIVED \$695	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Commissioner for Patents
Washington, DC 20231
www.uspto.gov



CONFIRMATION NO. 7823

Bib Data Sheet

SERIAL NUMBER 09/329,217	FILING DATE 06/10/1999 RULE	CLASS 382	GROUP ART UNIT 2623	ATTORNEY DOCKET NO.	
APPLICANTS FRANCINE J. PROKOSKI, FAIRFAX STATION, VA; ** CONTINUING DATA ***** This appln claims benefit of 60/087,512 06/10/1998 ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 06/29/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY VA	SHEETS DRAWING	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 12
Verified and Acknowledged Examiner's Signature _____ Initials _____					
ADDRESS DR FRANCINE PROKOSKI POB 7025 FAIRFAX STATION , VA 22039					
TITLE METHOD AND APPARATUS FOR ALIGNMENT, COMPARISON & IDENTIFICATION OF CHARACTERISTIC TOOL MARKS, INCLUDING BALLISTIC SIGNATURES					
FILING FEE RECEIVED 695	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		